

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90016 042 ****61.25

DOCUMENT # N15689

1. Entity Name
**HARBOR ISLES CONDOMINIUM ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business
600 S. BREVARD AVE.
COCOA BCH., FL 32931

Mailing Address
600 S. BREVARD AVE.
COCOA BCH., FL 32931



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2857032	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF C/O C. JOHN CHRISTENSEN
2500 MAITLAND CENTER PARKWAY
STE 209
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	P LINDSEY, JOHN
STREET ADDRESS	580 S BREVARD AVE, # 843
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE NAME	VP ARNOLD, CURTIS
STREET ADDRESS	580 S BREVARD AVE, # 816
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE NAME	GAUDREAULT, ARMAND
STREET ADDRESS	630 S. Brevard Ave. #1136 D —
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE NAME	GAINS IRENE
STREET ADDRESS	560 S. Brevard Ave. #613 —
CITY-ST-ZIP	Cocoa Beach, FL 32931 Treasurer
TITLE NAME	—
STREET ADDRESS	—
CITY-ST-ZIP	—
TITLE NAME	—
STREET ADDRESS	—
CITY-ST-ZIP	—

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Irene Gains, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #